

# ATTENDANCE PERMISSION SLIP

\_\_\_\_\_ Yes, I like for my child to participate in Core Academy on: Saturday, \_\_\_\_\_, 20\_\_

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone/Cell #: \_\_\_\_\_

**Please note:** Nursing and medical services will not be available on site. In case of an emergency, 911 will be called for assistance.